

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	YG	956	8-8-01
RESPONSE FORMALITY REVIEW	HIL	1019	09/10/01

INDEX OF CLAIMS

☒ Rejected N
☐ Allowed I
☐ (Through numeral) Canceled A
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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09/10/01

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